

DEC 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43448

State File No. _____
Registrar's No. 11068

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 30 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2029
d. FULL NAME OF HOSPITAL OR INSTITUTION 6629 Elmer Ave			d. STREET ADDRESS (If rural, give location) 6629 Elmer Ave		
3. NAME OF DECEASED (Type or Print) a. (First) Charlotte		b. (Middle) Gertrude		c. (Last) Grate	
4. DATE OF DEATH (Month) (Day) (Year) Nov 30 1952					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH June 21, 1882	9. AGE (In years last birthday) 70	10. MONTHS 5
				DAYS 9	HOURS _____
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME Samuel McElhinney		13b. MOTHER'S MAIDEN NAME Mary Ziska		14. NAME OF HUSBAND OR WIFE William H. Grate	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, say or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Samuel Grate 6629 Elmer Ave	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pulmonary Edema DU TO (b) Acute Myocarditis DU TO (c) Chronic Hepatitis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none			INTERVAL BETWEEN ONSET AND DEATH 4 1/2 hrs 7 day 58 yrs
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 5810	
22. I hereby certify that I attended the deceased from Aug 20, 1952, to Nov 20, 1952, that I last saw the deceased alive on Nov 1, 1952, and that death occurred at 4:15 p.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <i>Miss Lawrence Heideman</i>			23b. ADDRESS 1167 Center Drive		23c. DATE SIGNED Nov 20, 1952
24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE Dec 2, 1952	24c. NAME OF CEMETERY OR CREMATORY Park Hill Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Mo
DATE REC'D BY LOCAL REG. DEC 2 1952		REGISTRAR'S SIGNATURE <i>Charles Smith MD</i>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS John L. Ziegenhein & Sons 7027 Gravois	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

mdb

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed B. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.